

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # 519990

1. Entity Name
ROBERT HALF INCORPORATED



Principal Place of Business

**2884 SAND HILL ROAD
SUITE 200
MENLO PARK, CA 94025**

Mailing Address

**2884 SAND HILL ROAD
SUITE 200
MENLO PARK, CA 94025**

DO NOT WRITE IN THIS SPACE

03232008 No Chg-P CR2E034 (11/05)

4. FEI Number
13-6152063

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324-5841**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PO
MESSMER, HAROLD M JR
2884 SAND HILL ROAD SUITE 200
MENLO PARK, CA 94025**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPTD
WADDELL, M. KEITH
2884 SAND HILL ROAD SUITE 200
MENLO PARK, CA 94025**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVP
GLASS, ROBERT W
2884 SAND HILL ROAD SUITE 200
MENLO PARK, FL 94025**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VS
KAREL, STEVEN
2884 SAND HILL ROAD SUITE 200
MENLO PARK, CA 94025**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**U00000541503
05/10/06-80061-005 150.00**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

Robert Half Incorporated

SIGNATURE: By:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/06

(650) 234-6000

Date

Daytime Phone

M. Keith Waddell, Vice President